## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## **PROFIT** CORPORATION ANNUAL REPORT 1002

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 20 1998 8:00am Secretary of State

		0 81 1	_			
DOCUMENT # P94000014347 (6) LAKEWOOD SHELL, INC.						
Principal Place	e of Business	Mailing Address			<i>6</i> 141: 1010: 11011 67505 11111	.
5640 SAN JOSE BLVD.		5640 SAN JOSE BLV				
JACKSONVILL	.E FL 32207	JACKSONVILLE FL 3	2207	DO NOT WRITE	E IN THIS SPACE	
				3. Date Incorporated or Qualified		
				02/18/1994		
2. Principal Pa	lace of Business	2a. Mailing Address 26		4, FEI Number 59-3233536	<del>  </del>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional
22		27			F00	Required
City & State		Crty & State		Election Campaign Financing     Trust Fund Contribution		00 May Be
Zıp	Country	Zip	Country	8. This corporation owes or has p		
24	25	29	30	Personal Property Tax due Juni	e 30. 💢 Yes	□ No
E) 1	9, Name and Address of Co KINS, HAROLD	urrent Registered Agent	81 Name	10. Name and Address of New Ro	agistered Agent	
	SI MERRILL RD.			(D.O. D. N. N	LI-1	
	CKSONVILLE FL 32277		82 Street Add	dress (P.O. Box Number is Not Accepta	biej	
			83			
			84 City		FI_ 85 Z	ip Code
11 Pursuant t	to the provisions of Sections 607	7.0502 and 607.1508. Florida St	latutes, the above-named co	progration submits this statement for the		a its registered
office or re	egistered agent, or both, in the transfer with, and accept the	State of Florida Such change woobligations of Section 607.0505	vas authorized by the corpor 5. Florida Statutes.	orporation submits this statement for the ation's board of directors. I hereby acce	pt the appointment	as registered
SIGNATURE						
12,	Signature, typed or printed name of register  OFFICE OF	ed agent and title if applicable S AND DIRECTORS	(NOTE Registered Agent signature req	~ <del></del>	DATE DIDECT	ODC IN 10
TITLE	D	DELETE		ADDITIONS/CHANGES TO OFFI	Chang	
NAME	RENFROE, JAMES P SR		1.2 NAME			
STREET ADORESS	5640 SAN JOSE BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207	DELETE	1.4 CITY - ST - ZIP		Chang	ie Addition
TITLE NAME		□ beceie	2 1 TITLE 2.2 NAME		L] Chang	e L Addition
STREET ADDRESS	r.		2.3 STREET ADDRESS			
City - ST - ZiP			2. 4 CITY - ST - ZIP			
TITLE		DEL ÉTE	1		Chang	ge 🔲 Addition
NAME OVEREY ADDRESS			3.2 NAME			
STREET ADDRESS City-St-7IP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	•		
TITLE		DELETE	4.1 TITLE		Chang	ge 🔲 Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELFTE	4.4 CHY-ST-ZIP 5.1 TITLE		Chang	e Addition
NAME			5 2 NAME	•		
STREET ADDRESS	l I		5.3 STREET ADDRESS			
CITY-ST-ZIP	 	T priese	5.4 CITY - ST - ZIP		<del></del>	. 2300
TITLE		L DELETE			∟ Chang	ge LAddition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I hereby o	on this annual report or supplier	nental annual report is true and	ify for the exemption stated i	in Section 119.07(3)(i), Florida Statutes. ture shall have the same legal effect as	if made under nath:	that Lam an
officer or i	director of the corporation of the	e receiver or trustee empowered	to execute this report as re	quired by Chapter 607, Florida Statutes:	; and that my name	appears in
DION 12 C	or Block 13 if changed, or on lin	TAME	" D' Kontone	4/18/95	(a.1 72	570655
SIGNAT	WHERES I BENT	you Unimes	1. HENTRUE	4//8/98	( 704) /V	·/